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FAX TRANSMISSION December 30, 2005

TO: Examiner: CLARK, J.  
Commissioner for Patents  
PO Box 1450  
Alexandria, VA 22313-1450

FROM: Douglas P. Mueller

OUR REF: 10921.257USWO

TELEPHONE: (612) 455.3800

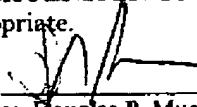
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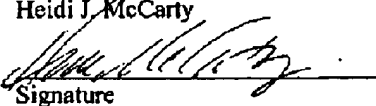
Title of Document: **Request for Corrected Filing Receipt**  
Applicant: ISOKAWA et al.  
Serial No.: 10/521,301  
App. Filed: November 17, 2004  
Group Art No.: 2815

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By:   
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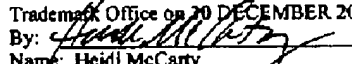
S/N 10/521,301

PATENT

DEC 30 2005

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: ISOKAWA et al. Examiner: CLARK, J.  
Serial No.: 10/521,301 Group Art Unit: 2815  
Filed: 17 November 2004 Docket: 10921.257USWO  
Title: SEMICONDUCTOR DEVICE UTILIZING  
SEMICONDUCTOR CHIP

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Dear Sir:

Enclosed is a photocopy of the filing receipt from the United States Patent and Trademark  
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The FILING DATE is incorrect.

Please replace [11/18/2004] with 11/17/2004.

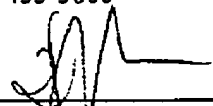
Please find enclosed a copy of the application transmittal sheet noting the Express Mail mailing  
number as EV131997589US and the track and confirm results for Express Mail EV131997589US,  
showing that the application was deposited on 17 November 2004, and received by the U.S. Patent and  
Trademark Office on 11/18/2004.

Correction of the records of the United States Patent and Trademark Office and issuance of a  
corrected filing receipt are respectfully solicited.

Respectfully submitted,

HAMRE, SCHUMANN, MUELLER & LARSON, P.C.  
P.O. Box 2902  
Minneapolis, Minnesota 55402  
(612) 455-3800

Dated: 30 December 2005

By   
Douglas P. Mueller  
Reg. No. 30,300

DPM:hjm



## UNITED STATES PATENT AND TRADEMARK OFFICE

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APPL NO.	FILING OR 371 (a) DATE	ART UNIT	FIL FEE REC'D	ATTY DOCKET NO	DRAWINGS	TOT CLMS	IND CLMS
10/521,301	11/18/2004 11/17/2004	2811	950	10921.257USWO	6	15	3

23552  
MERCHANT & GOULD PC  
P.O. BOX 2903  
MINNEAPOLIS, MN 55402-0903

CONFIRMATION NO. 6746

## FILING RECEIPT

\*OC000000016518641\*

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Date Mailed: 07/20/2005

Receipt is acknowledged of this regular Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please mail to the Commissioner for Patents P.O. Box 1450 Alexandria Va 22313-1450. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the USPTO processes the reply to the Notice, the USPTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

## Applicant(s)

Shinji Isokawa, Kyoto, JAPAN;

## Assignment For Published Patent Application

ROHM CO., LTD., KYOTO, JAPAN

Power of Attorney: The patent practitioners associated with Customer Number 23552.

## Domestic Priority data as claimed by applicant

This application is a 371 of PCT/JP03/04821 04/16/2003

## Foreign Applications

JAPAN 2002-146657 05/21/2002

Projected Publication Date: 10/20/2005

Non-Publication Request: No

Early Publication Request: No

## Title

Semiconductor device using semiconductor chip

**Preliminary Class**

257

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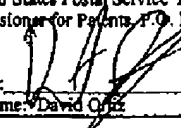
Applicant: ISOKAWA  
 Docket: 10921.257USWO  
 Title: SEMICONDUCTOR DEVICE UTILIZING SEMICONDUCTOR CHIP

## CERTIFICATE UNDER 37 CFR 1.10

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Date of Deposit: 17 November 2004

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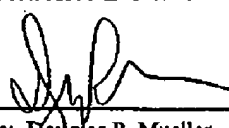
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- ☒ National Stage PCT Patent Application: Spec. 31 pgs; 8 claims; Abstract 1 pgs.  
The fee has been calculated as shown below in the 'Claims as Filed' table.
- ☒ 6 sheets of formal drawings
- ☒ A signed Combined Declaration and Power of Attorney
- ☒ Assignment of the invention to Rohm Co., Ltd., Recordation Form Cover Sheet
- ☒ A check in the amount of \$950.00 to cover the Filing Fee
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- ☒ Information Disclosure Statement, Form 1449, 6 reference(s).
- ☒ Application Data Sheet, 3 pages.
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## CLAIMS AS FILED

Number of Claims Filed	In Excess of:	Number Extra	Rate	Fee
Basic Filing Fee				\$950.00
Total Claims				
15	20	0	x 18.00	\$0.00
Independent Claims				
3	3	0	x 88.00	\$0.00
MULTIPLE DEPENDENT CLAIM FEE				\$0.00
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 (612) 332-5300

By:   
 Name: Douglas P. Mueller  
 Reg. No.: 30,300  
 Initials: DPM:hjm

23552

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- Arrival at Unit, November 18, 2004, 8:23 am, DULLES, VA 20102
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